

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10655888
APPLICANT(S) _____

FILING DATE 09-11-03

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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11						
12	/					
13		/				
14		/				
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47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	13					
TOTAL CLAIMS	15					

	AFTER 3RD AMENDMENT		AFTER 4TH AMENDMENT		AFTER 5TH AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						